

Miami Dade County
Stephen P. Clark Center
Finance Department
Accounts Payable Division
111 NW 1 Street – Suite 2620
Miami, Florida 33128-1995

January 18, 2005

LOST CHECK REPLACEMENT FORM

I, _____, do hereby certify that Miami Dade County's check
NAME
_____ dated _____ in the amount of _____ payable to _____ was
(not received) or (lost after received). A replacement check is hereby requested with full knowledge that
if the original check for which this duplicate is drawn should ever be presented and paid to
_____ they will be obligated to pay to the Board of County Commissioners of Miami Dade
County the sum of _____.

This obligation is to remain in full force for two years from this date when it will become null and void.

Signature of Payee/Officer _____

Title _____

Corporate/Company Name Address _____

Telephone Number _____

Date _____

FILL IN BLANKS, SIGN AND RETURN. THANK YOU